FILE NAME:

DATE:

ESRD FACILITY SURVEY FILE

| Field | Size | Location | Remarks |
|---------------------------|------|------------------|--|
| Field Provider Master No. | 6 | Location 1- 6 | Remarks Identification number of provider First 2 digits =Numeric State Code (See Attachment A) Next 4 digits = type of services 0001 - 0899 Short Stay Hospitals 2000 - 2299 Long Term Hospital 2300 - 2499 Hospital-Based Chronic Renal Care Facilities 2500 - 2899 Non-Hospital Renal Disease Treatment Centers 2900 - 2999 Independent Special Purpose Renal Dialysis Facilities 3300 - 3399 Children=s Hospitals 3500 - 3699 Renal Disease Treatment Center (Hospital Satellites) 3700-3799 Hospital-based Special Purpose Renal Dialysis Facilities |
| Provider Name | 38 | 7- 44 | Name of Facility (First 38 characters including blanks) |
| Address 1 | 38 | 45- 82 | First line of Facility address (38 Characters Including Blanks) |
| Address 2 | 38 | 83-120 | Second line of Facility address (38 Characters Including Blanks) |
| City | 31 | 121-151 | City of Provider |
| State | 2 | 152-153 | State Abbreviation (See Attachment A) |
| Zip | 5 | 154-158 | 5 Position Zip Code |

FILE NAME: ESRD FACILITY SURVEY FILE

DATE:

| Field | Size | Location | Remarks |
|-------------------------------|------|----------|--|
| Stations | 3 | 159-161 | Total Number of Dialysis Stations at Facility |
| Telephone Number | 10 | 162-171 | Area Code plus phone number Of facility |
| Affiliations | 40 | 172-211 | Facility Local/National Affiliation/Chain information |
| In-center Hemodialysis | 1 | 212 | Code to Indicate In-center Hemodialysis (new indicator) 1=Yes 0=No |
| Peritoneal Dialysis | 1 | 213 | Code to Indicate Peritoneal Dialysis (new indicator) 1=Yes 0=No |
| Home Hemodialysis Training | 1 | 214 | Code to Indicate Home Hemodialysis Training (new indicator) 1=Yes 0=No |
| Shift After 5 | 1 | 215 | Code to Indicate Dialysis Shift after 5:00 PM (new indicator) 1=Yes 0=No |
| CCPD | 1 | 216 | Code to Indicate Continuous Cycle Peritoneal Dialysis Y=Yes N=No |
| Maintenance Hemo | 1 | 217 | Code to Indicate Staff Assisted Hemodialysis Y=Yes N=No |
| | | | |

FILE NAME:

DATE:

ESRD FACILITY SURVEY FILE

| Field | Size | Location | Remarks |
|--------------------|------|----------|---|
| Maintenance Peri | 1 | 218 | Code to Indicate Staff Assisted Peritoneal Dialysis Y=Yes N=No |
| Self-Care Hemo | 1 | 219 | Code to Indicate In-center Self- Care Hemodialysis at Facility Y=Yes N=No |
| Self-Care Peri | 1 | 220 | Code to Indicate In-center Self- Care Peritoneal Dialysis at Facility Y=Yes N=No |
| Training Hemo | 1 | 221 | Code to Indicate Hemodialysis Training at Facility Y=Yes N=No |
| Training Peri | 1 | 222 | Code to Indicate Peritoneal Dialysis Training Y=Yes N=No |
| CAPD | 1 | 223 | Indicates CAPD (Continuous Ambulatory Peritoneal Dialysis) Y=Yes N=No |
| Certification Date | 8 | 224-231 | CCYYMMDD-Date of Certification to provide renal services |
| Certification Type | 1 | 232 | Code Indicating Type of Facility Certification |
| | | | 1=Transplant Center Only 2=Dialysis Center (usually a hospital rendering full spectrum of dialysis services including laboratory tests.) 3=Dialysis Facility Hospital (A unit separate from but located within the hospital. Renders dialysis servcies but not full spectrum.) 4=Dialysis Facility (Not a hospital. Renders dialysis services but not full spectrum. Also referred to as independent facilities.) 5=Transplant and Dialysis Center (A hospital rendering transplants and full spectrum of dialysis services.) |

FILE NAME:

ESRD FACILITY SURVEY FILE

DATE:

| Field | Size | Location | Remarks |
|------------------|------|----------|--|
| | | | 6=Special Purpose Facility (There are no approved facilities in this category. Therefore, definition has been omitted.) 7=Inpatient Care Only (Hospitals approved as a dialysis center but usually does 80% of dialysis on inpatient basis.) |
| Termination Date | 8 | 233-240 | CCYYMMDD Blanks Unless Facility terminated |
| ESRD Network | 2 | 241-242 | Renal Network Number Provider assigned (01-18) Current at time of Survey (Attachment A) |
| Region | 2 | 243-244 | CMS Regional Office Code (01-10) (Attachment A) |
| Change Date | 8 | 269-276 | CCYYMMYY of last change to record |
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FILE NAME:ESRD FACILITY SURVEY FILE

DATE:

| DIALYSIS PATIENTS AND TREATMENTS | | | | |
|--|------|------------|---|--|
| Field | Size | Location | Remarks | |
| DIALYSIS PATIENTS Patients Receiving care at Beginning of Survey Period | | | | |
| beginning of Survey Terrou | | | | |
| 01. Beginning In-center | 3 | 277-279 | In-center patients receiving care beginning of Survey Period | |
| 02. Beginning Home | 3 | 280-282 | Home patients receiving care beginning of Survey period | |
| 03. Beginning Total | 3 | 283-285 | Total patients receiving care beginning of Survey Period (Sum of Items 01+02) | |
| Additions During Survey Period | | | Terror (Sum of Rems of 102) | |
| 04A. In-center First Start | 3 | 286-288In | center started for first time ever addition during Survey Period | |
| 04B. Home First Start | 3 | 289-291 | Home started for first time ever addition during Survey Period | |
| 05A. In-center Restarted | 3 | 292-294 | In-center Restarted Addition During Survey Period | |
| 05B. Home Restarted | 3 | 295-297 Но | me Restarted Addition during Survey Period | |
| 06A. In-center Transferred In | 3 | 298-300 | In-center Transferred from other dialysis unit-addition during Survey Period | |
| 06B. Home Transferred In | 3 | 301-303 | Home Transferred from other dialysis unit-addition during Survey Period | |

FILE NAME: ESRD FACILITY SURVEY FILE

DATE:

| Field | Size | Location | Remarks |
|---------------------------------------|------|------------|--|
| 07A. In-center Transplant Return | 3 | 304-306 | In-center Returned After Transplantation-Addition during Survey Period |
| 07B. Home Transplant Return | 3 | 307-309 | Home Returned After Transplant Addition During Survey Period |
| Losses During Survey Period | | | |
| 08A. In-center Deaths | 3 | 310-312 | In-center Deaths-Losses During Survey Period |
| 08B. Home Deaths | 3 | 313-315 Но | ome Deaths-Losses During Survey Period |
| 09A. In-center Recovered | 3 | 316-318 In | -center Recovered Kidney Function Losses During Survey Period |
| 09B. Home Recovered | 3 | 319-321 Но | ome Recovered Kidney Function Losses During Survey Period |
| 10A. In-center Received Transplant | 3 | 322-324 In | -center Received Transplant Losses During Survey Period |
| 10B. Home Received Transplant | 3 | 325-327 Но | ome Received Transplant Losses During Survey Period |
| 11A. In-center Transferred Out | 3 | 328-330 In | -center Transferred to other dialysis unit - Losses During Survey Period |
| 11B. Home Transferred Out | 3 | 331-333 Но | ome Transferred to other dialysis unit - Losses During Survey Period |
| 12A. In-center Discontinued | 3 | 334-336 In | center Discontinued Dialysis Losses During Survey Period |
| 12B. Home Discontinued | 3 | 337-339 Н | ome Discontinued Dialysis Losses During Survey Period |

FILE NAME: ESRD FACILITY SURVEY FILE

DATE:

| Field | Size | Location | Remarks |
|--|------|----------|---|
| 13A. In-center Other | 3 | 340-342 | In-center Other (LTFU) Losses During Survey Period |
| 13B. Home Other | 3 | 343-345 | Home Other (LTFU) Losses During Survey Period |
| Patients Receiving Care at End Of Survey Period | | | |
| 14. Staff Hemo | 3 | 346-348 | Staff-assisted and/or hemodialysis patients receiving care at end of Survey Period |
| 15. Staff Other | 3 | 349-351 | Staff-assisted and/or intermittent peritoneal dialysis patients receiving care at end of Survey Period |
| 16. Hemo Training | 3 | 352-354 | Self-dialysis training; hemodialysis patients receiving care at end of Survey Period |
| 17. CAPD Training | 3 | 355-357 | Self-dialysis training; CAPD patients receiving care at end of Survey Period |
| 18. CCPD Training | 3 | 358-360 | Self-dialysis training; CCPD patients receiving care at end of Survey Period |
| 19. Other Training | 3 | 361-363 | Self-dialysis training; Peritoneal or other dialysis patients receiving care at end of Survey Period |
| 20. Total In-center | 3 | 364-366 | Total In-center patients receiving care at end of Survey Period (Sum Items 16 thru 19 = Item 20) |

FILE NAME: ESRD FACILITY SURVEY FILE

DATE:

| Field | Size | Location | Remarks |
|-----------------------|------|----------|--|
| 21. Home Hemo | 3 | 367-369 | Hemodialysis home patients receiving care at end of Survey Period |
| 22. Home CAPD | 3 | 370-372 | CAPD home patients receiving care at end of Survey Period |
| 23. Home CCPD | 3 | 373-375 | CCPD home patients receiving care at end of Survey Period |
| 24. Home Other | 3 | 376-378 | Intermittent Peritoneal Dialysis or other home patients receiving care at end of Survey Period |
| 25. Total Home | 3 | 379-381 | Total home patients receiving care at end of Survey Period (Sum Items 21 thru 24=25) |
| 26. Total Patients | 3 | 382-384 | Total patients receiving care at end of Survey Period- (Sum Items 20 and 25 = Item 26) |
| 27. Medicare Enrolled | 3 | 385-387 | Currently enrolled in Medicare patient eligibility status end of Survey Period |
| 28. Application | 3 | 388-390 | Medicare application pending- Pending Patient eligibility status end of Survey Period |
| 29. Non-Medicare | 3 | 391-393 | Non-Medicare patient eligibility status end of Survey Period |

FILE NAME: ESRD FACILITY SURVEY FILE

DATE: January 2006

| Field | Size | Location | Remarks |
|--|------|--------------|--|
| Hemodialysis Patients Dialyzing More Than 4 Times per Week | | | |
| 30A. In-center Daytime Dialysis | 3 | 394-396 In-0 | enter Patients dialyzing during the day |
| 30B. Home Daytime Dialysis | 3 | 397-399 | Home patients dialyzing during the day |
| 31A. In-center Nocturnal Dialysis | 5 | 400-404 | In-center patients receiving Nocturnal dialysis |
| 31B. Home Nocturnal Dialysis | 5 | 405-409 | Home patients receiving Nocturnal dialysis |
| Vocational Rehabilitation | | | |
| 32. Patients aged 18 through 54 years | 3 | 410-412 | Patients aged 18 through 54 |
| 33. Patients receiving Vocational Rehabilitation services | 3 | 413-415 | Patients receiving Vocational Rehabilitation services |
| 34. Patients employed full-time Or Part-time | 3 | 416-418 | Vocational Rehabilitation patients employed full-time or part-time |
| 35. Patients attending school Full-time or Part-time | 3 | 419-421 | Patients attending school full-time or part-time |
| TREATMENT AND STAFFING | | | |
| In-center Dialysis Treatments (Include TrainingTreatments) | | | |
| 36. Outpatient Hemo tmts | 5 | 422-426 Nu | mber of Hemodialysis Outpatient Treatments |
| 37. Outpatient Other tmts | 5 | 427-431 Nu | mber of Outpatient Treatments other than hemodialysis |
| | | | |

FILE NAME: ESRD FACILITY SURVEY FILE

DATE:

| Field | Size | Location | Remarks |
|-------------------------------|------|----------|---|
| Staffing | | | |
| RN's on staff Full-time | 3 | 432-434 | Registered Nurses on staff Full-time |
| LPN / LVN on staff Full-time | 3 | 435-437 | Licensed Practical Nurses or Licensed Visiting Nurses on Staff Full-time |
| PCT on staff Full-time | 3 | 438-440 | Patient Care Technicians on staff Full-time |
| APN on staff Full-time | 3 | 441-443 | Advanced Practice Nurses on staff Full-time |
| Dieticians on staff Full-time | 3 | 444-446 | Dieticians on staff Full-time |
| SW on staff Full-time | 3 | 447-449 | Social Workers on staff Full-time |
| RN's on staff Part-time | 3 | 450-452 | Registered Nurses on staff Part-time |
| LPN / LVN on staff Part-time | 3 | 453-455 | Licensed Practical Nurses or Licensed Visiting Nurses on Staff Part-time |
| PCT on staff Part-time | 3 | 456-458 | Patient Care Technicians on staff Part-time |
| APN on staff Part-time | 3 | 459-461 | Advanced Practice Nurses on staff Part-time |
| Dieticians on staff Part-time | 3 | 462-464 | Dieticians on staff Part-time |
| SW on staff Part-time | 3 | 465-467 | Social Workers on staff Part-time |
| | | | |

FILE NAME: ESRD FACILITY SURVEY FILE

DATE: January 2006

| Field | Size | Location | Remarks |
|--|------|----------|--|
| RN positions open; Full-time | 3 | 468-470 | Registered Nurse positions open; Full-time |
| LPN / LVN positions open; Full-time | 3 | 471-473 | Licensed Practical Nurse or Licensed Visiting Nurse positions open; Full-time |
| PCT positions open; Full-time | 3 | 474-476 | Patient Care Technicians positions open; Full-time |
| APN positions open; Full-time | 3 | 477-479 | Advanced Practice Nurse positions open; Full-time |
| Dietician positions open; Full-time | 3 | 480-482 | Dietician positions open; Full-time |
| SW positions open; Full-time | 3 | 483-485 | Social Worker positions open; Full-time |
| | | | |
| | | | |
| RN positions open; Part-time | 3 | 486-488 | Registered Nurse positions open; Part-time |
| LPN / LVN positions open; Part-time | 3 | 489-491 | Licensed Practical Nurse or Licensed Visiting Nurse positions open; Part-time |
| PCT positions open; Part-time | 3 | 492-494 | Patient Care Technician positions open; Part-time |
| APN positions open; Part-time | 3 | 495-497 | Advanced Practice Nurse positions open; Part-time |
| Dietician positions open; Part-time | 3 | 498-500 | Dietician positions open; Part-time |
| SW positions open; Part-time | 3 | 501-503 | Social Worker positions open; Part-time |
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FILE NAME: DATE:

ESRD FACILITY SURVEY FILE January 2006

| KIDNEY TRANSPLANTS PERFORMED | | | | |
|--|------|---------------|--|--|
| Field | Size | Location | Remarks | |
| PATIENTS TRANSPLANTED AND DONOR TYPE | | | | |
| Patients who received a Transplant at the facility | | | | |
| 42. Transplant Patients | 3 | 504-506 | Patients who received transplant at the facility | |
| Eligibility Status of Patients Transplanted at the facility During The Survey Period | | | | |
| 43. Medicare Patients Transplanted | 3 | 507-509 Patie | nts Transplanted and Currently enrolled in Medicare | |
| 44. Medicare Application Pending | 3 | 510-512 | Patients Transplanted and Medicare Application Pending | |
| 45. Non-Medicare Transplants-U.S. | 3 | 513-515 Patie | nts Transplanted and Non-Medicare-U.S. Resident | |
| 46. Non-Medicare Transplants-Other | 3 | 516-518 Patie | nts Transplanted and Non-Medicare-Other | |
| | | | | |
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FILE NAME:ESRD FACILITY SURVEY FILE

DATE:

| Field | Size | Location | Remarks |
|---|------|--------------|---|
| Transplant procedures Performed at the facility | | | |
| 47. Living Related Donor Transplants | 3 | 519-521 Liv | ing Related Donor Transplants Performed |
| 48. Living Unrelated Donor Transplants | 3 | 522-524 Liv | ing Unrelated Donor Transplants Performed |
| 49. Deceased Donor Transplants | 3 | 525-527 Dec | reased Donor Transplants Performed |
| 50. Total Transplants | 3 | 528-530 Tota | al Transplants Performed (Sum Items 47 thru 49 = Item 50) |
| Patients Awaiting Transplant | | | |
| 51. Dialysis Awaiting Transplants | 4 | 531-534 Dia | lysis Patients Awaiting Transplant |
| 52. Non-Dialysis Awaiting | 3 | 535-537 Nor | n-Dialysis Patients Awaiting Transplant |
| Facility Survey Year | 4 | 538-541 | Year in which these Survey data were collected |
| | | | |
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State Code Conversion Table

| State Name | State Code Alpha/num | CMS Region | Network | Old Network |
|----------------------|-------------------------|------------|---------|-------------|
| Alabama | AL / 01 | 4 | 8 | 18-20 |
| Alaska | AK / 02 | 10 | 16 | 2 |
| Arizona | AZ / 03 | 9 | 15 | 6 |
| Arkansas | AR / 04 | 6 | 13 | 10-18 |
| California | CA / 05 | 9 | 17, 18 | 3, 4 |
| Colorado | CO / 06 | 8 | 15 | 5 |
| Connecticut | CT / 07 | 1 | 1 | 27 |
| Delaware | DE / 08 | 3 | 4 | 24, 31 |
| District of Columbia | DC / 09 | 3 | 5 | 23 |
| Florida | FL / 10 | 4 | 7 | 19 |
| Georgia | GA / 11 | 4 | 6 | 18-20 |
| Hawaii | HI / 12 | 9 | 17 | 1 |
| Idaho | ID / 13 | 10 | 16 | 2 |
| Illinois | IL / 14 | 5 | 10 | 8, 9, 15 |
| Indiana | IN / 15 | 5 | 9 | 16 |

| State Name | State Code Alpha/num | CMS Region | Network | Old Network |
|----------------|-------------------------|------------|---------|-------------|
| Iowa | IA / 16 | 7 | 12 | 8 |
| Kansas | KS / 17 | 7 | 12 | 9 |
| Kentucky | KY / 18 | 4 | 9 | 17 |
| Louisiana | LA / 19 | 6 | 13 | 12 |
| Maine | ME / 20 | 1 | 1 | 28 |
| Maryland | MD / 21 | 3 | 5 | 23, 31 |
| Massachusetts | MA / 22 | 1 | 1 | 28 |
| Michigan | MI / 23 | 5 | 11 | 7, 14 |
| Minnesota | MN / 24 | 5 | 11 | 7 |
| Missouri | MO / 26 | 7 | 12 | 9, 18 |
| Mississippi | MS / 25 | 4 | 8 | 18 |
| Montana | MT / 27 | 8 | 16 | 2 |
| Nebraska | NE / 28 | 7 | 12 | 5 |
| Nevada | NV / 29 | 9 | 15 | 3, 4 |
| New Hampshire | NH / 30 | 1 | 1 | 28 |
| New Jersey | NJ / 31 | 2 | 3 | 32 |
| New Mexico | NM / 32 | 6 | 15 | 6 |
| New York | NY / 33 | 2 | 2 | 25, 26 |
| North Carolina | NC / 34 | 4 | 6 | 21 |
| North Dakota | ND / 35 | 8 | 11 | 7 |

| State Name | State Code Alpha/num | CMS Region | Network | Old Network |
|----------------|-------------------------|------------|---------|-------------|
| Ohio | OH / 36 | 5 | 9 | 17, 22 |
| Oklahoma | OK / 37 | 6 | 13 | 10 |
| Oregon | OR / 38 | 10 | 16 | 2 |
| Pennsylvania | PA / 39 | 3 | 4 | 22, 24, 26 |
| Puerto Rico | PR / 40 | 2 | 3 | 29 |
| Rhode Island | RI / 41 | 1 | 1 | 28 |
| South Carolina | SC / 42 | 4 | 6 | 20 |
| South Dakota | SD / 43 | 8 | 11 | 7 |
| Tennessee | TN / 44 | 4 | 8 | 18 |
| Texas | TX / 45 | 6 | 14 | 11 |
| Utah | UT / 46 | 8 | 15 | 5, 6 |
| Vermont | VT / 47 | 1 | 1 | 28 |
| Virginia | VA / 49 | 3 | 5 | 18, 30, 23 |
| Virgin Islands | VI / 48 | 2 | 3 | 29 |
| Washington | WA / 50 | 10 | 16 | 2 |
| West Virginia | WV / 51 | 3 | 5 | 30 |
| Wisconsin | WI / 52 | 5 | 11 | 7, 13 |
| Wyoming | WY / 53 | 8 | 15 | 5 |
| American Samoa | AS / 64 | 64 | 17 | 1 |

| State Name | State Code Alpha/num | CMS Region | Network | Old Network |
|----------------|-------------------------|------------|---------|-------------|
| Guam | GU /65 | 65 | 17 | 1 |
| Mariana Island | MI / 66 | 66 | 17 | 1 |